



LONE WORKING POLICY

1. INTRODUCTION

- 1.1 The intention of this policy is to ensure the safety of lone workers or staff who sometimes work alone; by minimising the risks that they face and putting in place appropriate measures improve their safety.

2. POLICY STATEMENT

- 2.1 The purpose of this policy is not to provide definitive guidance on lone working for every situation, but to provide general advice to managers who have responsibility for lone workers to enable them to devise safe systems of work. This policy is to be read in conjunction with the Security Policy and Health and Safety Policy.

3. DEFINITIONS

- 3.1 The policy applies to those situations where staff and contractors work alone or in small groups in remote locations. Although there is no single definition for lone working, the NHS Security Management Services (NHS SMS) defines lone working as:
any situation or location in which someone works without a colleague nearby; or when someone is working out of sight or earshot of another colleague.

The Health and Safety Executive (HSE) defines lone workers as: *those who work by themselves without close or direct supervision.*

What follows is by no means an exhaustive list, but traditionally and typical examples of those undertaking lone working:

- Only one person works at the premise;
- Staff working separately from others;
- Staff who see patients/service users for individual sessions in clinics and offices;
- Staff working outside normal working hours; e.g. Domestic, Estates, Pharmacy, Pathology and Patient Records Staff;
- Staff who are called into work out of normal hours;
- Staffs working an extended day and therefore few staff are present in the area;
- Staff working in the community and visiting patients homes;
- Occupational Therapy staff delivering equipment and making home visits;
- Staff moving between hospitals and other locations;
- Pathology Drivers.

- 3.2 **Legislation & Standards** - the following section includes relevant legislation and standards for the protection of lone workers.

3.2.1 **NHS Protect - Security Management Standards for Providers**

NHS organisations have a responsibility to manage security, including protecting all staff from violence and aggression in accordance with the Security Management Standards for providers. Standard 3.2 directly relates to lone working and outlines that all NHS organisations assess the risk to its lone workers, including the risk of violence. It takes steps to avoid or control the risks and these measures are regularly and soundly monitored, reviewed and evaluated for their

effectiveness.

3.2.3 **Health and safety at Work Act 1974**

NHS organisations have responsibilities under the health and safety at Work Act 1974, particular in relation to employers ensuring, as far as is reasonably practicable, the health, safety and welfare of employees at work.

3.2.4 **The Management of Health and Safety at Work Regulations 1999**

These Regulations require employers to assess risks to employees and non-employees and make arrangements for effective planning, organisation, control, monitoring and review of health and safety risks. Where appropriate, employers must assess the risks of violence and lone working and if necessary, put in place control measures to protect them.

3.2.5 **Safety Representatives and Safety Committees Regulations 1977 (a) and The Health and Safety (Consultation with Employees) regulations 1996 (b)**

Employers must inform and consult with employees in good time on matters relating to their health and safety. Employee's representatives, either appointed by recognised trade unions under (a) or elected under (b) may make representation to their employer on matters affecting the health and safety of those they represent.

3.2.6 **The Corporate Manslaughter and Corporate Homicide Act 2007**

This legislation creates a new offence under which an organisation, rather than an individual, can be prosecuted and face an unlimited fine, particularly if an organisation is in gross breach of health and safety standards and the duty of care owed to the deceased.

4. SAFETY ARRANGEMENTS FOR LONE WORKERS

4.1 The Safety Management Team is to provide, when requested, advice and guidance on risk assessments. Details on risk assessment methods and controls are detailed within the Health & Safety Policy, Code of Practice number 7. See appendix C for a sample model risk assessment.

4.2 Risk assessments are to be carried out for all lone working situations every two years by the division/department manager with the assistance of the Trusts Local Security Management Specialist (LSMS). See section 3 for definitions and examples of lone working situation.

4.3 The Head of Safety Management Team will record the risk assessment on the Datix® risk management system. The manager is responsible for completing the actions identified. Follow-up of the action taken and monitoring of this process is described in section 11.

4.4 Where a risk assessment has identified the need for staff to use an Identicom device (section 8.7) use of the device will be monitored as described in section 11.

5. BEFORE A LONE WORKER VISIT

5.1 This section details the procedures and arrangements that need to be in place to protect the lone worker prior to a visit taking place.

5.2 Written Log

5.2.1 Procedures should be in place for recording in a log any known risks associated with a patient/service user and location that may be visited by lone working staff. It must be kept secure, confidential, and up to date and made available ahead of a visit for essential control measures to be put in place prior to a visit.

5.3 Information Sharing/Provision of Information

5.3.1 Where legally permissible information sharing protocols should be in place with all relevant health, social care and public sector colleagues concerning the risks to lone workers associated

with a particular patient/service user/address, along with any protection advice.

It is important that staff are provided with good quality information regarding contacts and locations, so that they can do their job effectively and safely. It is equally important that patients have information about staff and the purpose of the contact, so that they know what to expect.

Wherever possible managers and staff are to:

- Arrange for all initial contacts where little information is available to be made at clinics rather than at the patient/clients home.
- Ensure that information which affects the safety of fellow healthcare staff is recorded and is readily available to staff who need it.
- Facilitate sharing of information between the different clinical groups dealing with the patient/clients treatment.
- Introduce and maintain 'flagging' systems on patient records or computer files, which indicate that further information, should be obtained before home visits are made.
- Ensure that 24-hour cover by senior management remains accessible to all staff working out of normal office hours.

5.4 **Low Risk Activities**

5.4.1 There may be activities and visits that are classified as low risks where it may be acceptable for staff to work alone. Each individual situation will need to be risk assessed but, examples include;

- Staff undertaking office work during normal hours
- Staff escorting patients during normal hours
- Staff delivering documents/samples/records during normal hours
- Two members of staff carrying out a home visit

5.5 **High Risk Activities**

5.5.1 If there is a high risk of violence from the patient/service user, their friend/relatives who may be present at the location the lone worker must: be accompanied by a colleague, security officer or the police, and where possible the visit should take place at a clinic or within a secure environment. Situations and activities that are defined as high risk where staff must not work alone could be:

- Staff carrying out a home visit to a known violent patient/service user or relative.
- Staff carrying out a visit in an area where crime is high

5.6 **Lone Worker Movements**

5.6.1 Someone should always be aware of a lone workers whereabouts. Staff working in the community should be able to be located by their manager and work team if a problem occurs. Therefore maintaining effective communications with staff working in the community is important.

Directorate and department managers are to consider the communication needs of their staff and the measures that can be taken to minimise any risk to their safety. Measure should include:

- Lone workers should always ensure that someone else (a manager or appropriate colleague) is aware of their movements. This includes providing them with the full address of where they will be working, the details of persons with whom they will be working or visiting, telephone numbers if known and indications of how long they expect to be at those locations (both arrival and departure times)
- Lone workers should also leave a written visiting list containing these details with a manager and colleague(s). This information must be kept confidential where the public cannot access it. Details can be left on whiteboards if within a secure office. A visit log that is left with a manager or colleague(s) should be completed and maintained by the lone worker.
- Arrangements should be in place to ensure that if colleague(s), with whom details have been left, leave for some reason they will pass the details on to another colleague who will

check that the lone worker arrives back at their office/base or has safety completed their duties.

- Details of vehicles used by lone workers should also be left with a colleague, for example, registration number, make, model and colour.
- Where there is concern about the safety of a lone worker, e.g. they have failed to attend visit(s) within an agreed time, contact cannot be established, or else they have failed to make contact as agreed, there must be protocols in place for contacting the lone worker and escalating the incident up to senior managers and the police as necessary.
- It is important that contact and appointment arrangements, once in place are adhered to. Many procedures, such as this, fail simply because staff forget to make the necessary call when they finish their shift. The result can be chaos and unnecessary escalation and expense and can undermine the integrity of the process.

5.7 The Buddy System

5.7.1 It is essential that lone workers keep in contact with colleagues and ensure that they make another colleague aware of their movements. This can be achieved by implementing various management procedures such as the 'Buddy System'.

To operate the Buddy System a lone worker must nominate a buddy. This is a person who is their nominated contact for the period in which they will be working alone. The nominated buddy will;

- Be fully aware of the movements of the lone worker
- Have all necessary contact details for the lone worker, including personal contact details
- Have details of the lone workers known breaks or rest periods
- Attempt to contact the lone worker, if they do not contact the buddy as agreed
- Follow the agreed local escalation procedures for alerting their senior or the police, if the lone worker cannot be contacted, or if they fail to contact their buddy within the agreed and reasonable timescale

The following factors are essential for the effective operation of the Buddy System;

- The buddy must be aware that they have been nominated and what the procedure and requirements for this role are
- Contingency arrangements should be in place for someone else to take over the role of the buddy in case the nominated person becomes unavailable e.g. called away to a meeting or goes off work sick
- There must be procedures in place to allow someone else to take over the role of the buddy, if the lone working situation extends past the end of the nominated person's normal working day or shift.

5.8 Escalation Procedures

5.8.1 Clear escalation procedures need to be in place, outlining who should be notified if a lone worker cannot be contacted or if they fail to contact the relevant person within the agreed timescale. The escalation procedure should include contact points at appropriate stages, a line manager, senior manager and the police. Any person nominated as an escalation point should be fully aware of their role and responsibilities.

6. WHEN WORKING IN A LONE SITUATION

6.1 This section details the procedures and arrangements that need to be in place to protect the lone worker when in a lone working situation.

6.2 Dynamic Risk Assessment

6.2.1 Dynamic risk assessment enables lone workers to anticipate and recognise the early signs of suspected risks and enables safe early interventions to minimise or negate the risks to themselves and others. It recognises that situations can change rapidly as do associated risks and

that dynamic risk assessment should be an ongoing process.

Lone workers should use the dynamic risk assessment process when in lone worker situations. Training on the dynamic risk assessment is covered on the Trusts Conflict Resolution Training.

6.3 **Recognising Warning Signs**

6.3.1 It is very important for lone workers to be able to recognise the warning signs, which could affect their safety. The list below is by no means exhaustive, but could include;

- Anyone present who is under the influence of alcohol and or drugs
- Animals present
- Non-verbal communication e.g. standing square on, invading personal space, clenched fists.
- Raised voice
- Anyone present becomes abusive or threatening
- Others present whilst conducting an home visit, that the lone worker does not know

Being aware of warning signs enables action to be taken, this includes making a decision to either continue to work or withdraw from the situation.

Under no circumstance should a lone worker put themselves, their colleagues, other patients or service users in any danger.

6.4 **Dealing with Animals**

6.4.1 The following measures should be taken to ensure the safety of lone workers when dealing with animals:

- If there is a known problem with animals at a particular address or location, the occupants should be contacted and requested to remove or secure the animals before arrival. Clinical procedures may provoke a reaction from an animal or pet, so it may be prudent to request that it be removed or placed in a different room for the duration of the visit
- If a lone worker is confronted by an aggressive animal on a first visit to a patient/service user's address; they should not put themselves at risk. If necessary, they should abandon the visit and report the incident in accordance with the Trust reporting procedure
- If a lone worker feels uneasy with animals being present, they should politely request that they be removed, bearing in mind that this could provoke a negative reaction. All possible efforts should be made to ensure that the situation is managed and de-escalated, should hostility become evident. If this is not possible, then alternative arrangements should be made to carry out the visit, such as rescheduling so that the lone worker can be accompanied or asking a colleague – more at ease with animals – to assist them

6.5 **Escorting Patients/Service Users**

6.5.1 This section outlines the arrangements that need to be in place to ensure the safety of the lone workers before, during and following the escorting of patients/service users.

- Where there are known risks, or identified potential risks, about a patient/service user or a location to be visited, a full assessment of those risks should be made ahead of the lone worker making the visit, along with taking appropriate action to minimise those risks.
- Where there are known risks, the patient or service user should be looked after by a member of staff who is not the driver. So that the patient/service user's need can be catered for and the driver is allowed to concentrate on driving the vehicle safely. There have been reported incidents of passengers grabbing at handbrakes and steering wheels while the member of staff is driving.
- The lone worker should ensure that they are suitably insured for this business purpose and the Trust have procedures in place to check this, before patients/service users are transported in this manner.
- Consideration must be given to the most appropriate mode of transport, based on such

risk assessments. It may not be appropriate for the lone worker to drive, unless in an emergency, and alternative arrangements may need to be made.

- If escorting a patient/service user by car, lone workers must always seat the patient/service user behind the passenger seat and ensure that their seat belt is fastened. Lone workers must not escort a patient/service user by car if there are any doubts about their safety in doing so, nor must they agree to transport patients/service user's animals.
- If a conflict arises (or patient/service user becomes aggressive) while the lone worker is driving they should pull over into a safe place and exit the vehicle, ensuring that the keys are removed. They must then follow local procedures that are in place, which may involve calling the police, their manager, a colleague or their buddy.

6.6 Lone Working and Vehicles

6.6.1 This section outlines what lone workers who use vehicles need to do prior to and during a visit to ensure their own safety.

- Before setting out, lone workers must ensure that they have adequate fuel for their journey.
- They must give themselves enough time for the journey to avoid rushing or taking risks, owing to time pressure.
- Items such as bags, cases, CDs, or other equipment, should never be left visible in the car. These should be out of sight, preferably stored in the boot of the vehicle.
- Lone workers should always hold the vehicle keys in their hand when leaving premises, in order to avoid looking for them outside, which could compromise their personal safety.
- The inside and outside of the vehicle should be checked for possible intruders before entering vehicle.
- Once inside the vehicle all doors should be locked, especially when travelling at low speed, when stopped at traffic lights and when travelling in inner-city areas. Some staff may understandably feel that a locked door may prevent them from escaping or receiving help in the event of an incident. However modern vehicles and rescue techniques make this less of a factor than it may seem.
- Lone workers must always try to park close to the location that they are visiting and must never take shortcuts to save time. At night or in poor weather conditions, they should park in a well-lit area and facing the direction in which they will leave. They must ensure that all the vehicle's windows are closed and the doors are locked.
- Lone workers must avoid where possible, parking on the driveway of the person they are visiting. The Health and Safety Executives safe driver-training programme advise that lone worker should reverse into car parking spaces so that, if attacked, the door acts as a barrier.
- Lone workers driving alone, especially after dark, must not stop even for people who may be in distress or requiring help. The lone worker must stop in a safe place, as soon as it is practicable to do so, and contact the emergency services as appropriate.
- If followed, or if in doubt as to whether they are being followed, lone workers should drive to the nearest police station or manned and lit building, such as a petrol station, to request assistance.
- In cases of vehicle breakdown or accident, lone workers must contact their manager, colleague or buddy immediately (as per local procedure). If using a mobile phone and the signal is poor, or there is no signal at all, they should put their hazard lights on. If they need to leave the vehicle to use an emergency telephone, they should lock their vehicle and ensure that they are visible to passing traffic.
- They must not display signs such as "doctor on call" or "nurse on call" as this may encourage thieves to break in to the vehicle to steal drugs, for example.
- Lone workers should avoid having items in their vehicles that contain personal details, such as their home address.
- Staff should ensure they have sufficient breakdown cover for the vehicle.

6.7 Lone Working and Taxis

- 6.7.1 This section outlines what lone workers who use taxis need to do to ensure their own safety.
- Wherever possible, a taxi must be booked in advance from the Trusts approved taxi company and the drivers name and call sign obtained.
 - If a taxi has not been booked, the lone worker should go to a recognised taxi rank to hail a cab.
 - The lone worker must never use a mini cab, unless it is licensed or registered hackney carriage.
 - They must sit in the back, behind the front passenger seat.
 - They must never give out personal information to the driver (either through conversation with the driver or release sensitive information while talking on mobile phone).
 - They should be aware of child locks and central locking (although most black cabs will lock the doors whilst in transit).

6.8 Lone Working and Travelling by Foot

- 6.8.1 This section outlines what lone workers need to do when travelling by foot to ensure their safety.
- Lone worker should walk briskly, if possible and physically able to so, and not stop in areas that are unknown to them, for example, to look at a map or to ask for directions. They should go into a 'safe' establishment, such as a police station, petrol station or reputable shop and ask for directions or, if necessary to call for assistance from their manager, colleague or buddy.
 - They must avoid using mobile phones overtly in any area and, if carrying equipment, must ensure that this is done using bags or holdalls that do not advertise what they are carrying.
 - If someone attempts to steal what he or she is carrying, they must relinquish the property immediately without challenge. They should consider keeping their house keys and mobile phone separately from their handbag or having an old purse/wallet with petty cash and expired credit cards. It is important that any theft, or attempted theft, is reported both internally and to the police as soon as is practicable and safe to do so. The lone worker must make a note of the date, time and description of events and the attacker(s), as soon as they are in a position to do so and retain it safely until the police or security adviser requests it.
 - They must stay in the centre of footpaths, where possible, facing oncoming traffic.
 - They must be aware of the location and remain alert to people around them.
 - They must avoid waste ground, isolated pathways subways, particularly at night.

6.9 Lone Working on Public Transport

- 6.9.1 This section outlines what lone workers need to do when using public transport to ensure their safety.
- Lone workers should wait for transport at a stop or station that is well lit.
 - Lone workers must be aware or in possession of a timetable for the mode of transport and route they are taking. They must leave details with their manager, colleague, or buddy of their intended route and mode of transport. If they have to vary their route or experience a significant delay, they must inform the aforementioned.
 - They should always try to sit near the public vehicle driver, preferably in an aisle seat.
 - They must familiarise themselves with safety procedures in the event of an emergency and sit near the emergency alarm.
 - They must avoid empty upper decks on buses or empty train compartments and also avoid these situations if there is only one other passenger.
 - If threatened by other passengers they should inform the driver/guard.

7. IN THE EVENT OF AN INCIDENT/REPORTING

- 7.1 Lone workers should be capable of responding correctly in emergency situations. Emergency

procedures should be established and staff trained to implement them. Solitary workers should have access to adequate first-aid facilities that may include access to Accident and Emergency Departments.

Suitable systems should be devised to monitor the condition of lone workers, and include at least a check at the end of the working period. In addition the following are to be considered: -

- Procedures where supervisors periodically visit and visually monitor staff working alone.
- Procedures where regular contact between the lone worker and supervision is maintained using either telephone or radio.
- Automatic warning devices that operate if specific signals are not received periodically from the lone worker, e.g. systems for security staff.
- Other devices to raise the alarm in the event of an emergency operated manually or activated automatically by the absence of activity or tilt mechanism.

All incidents or near misses must be reported. Incidents of assault must be reported as soon as possible, robust reporting procedures will ensure that appropriate action can be taken, including reporting incidents to the police where necessary. Please refer to the Trust Incident Reporting Police Organisational Policy 2.3 and Managing Violence And Aggression Organisational Policy 1.15 for further information.

7.2 **Post Incident Support**

7.2.1 The Trust recognises staff will need varying level of support when involved in an incident. Staff/managers should refer to the Supporting Staff Following an Incident Compliant or Claim Organisational Policy 2.21 for further information on post incident support available.

7.3 **Post Incident Action**

7.3.1 Following an incident that has occurred, or may have occurred, (such as a threat of violence) in a lone working situation, the Head Safety Management or Trust LSMS must ensure that incidents are investigated in line with health and safety legislation and national guidance published by NHS Protect on tackling violence against staff.

7.4 **Post Incident Review**

7.4.1 It is essential that where lessons can be learnt that they are fed into revisions of procedures and systems locally, as well as guidance nationally, to ensure that lone workers are provided with the best possible protection, if the risks they face are to be minimised.

7.5 **Sanctions**

7.5.1 There are a range of sanctions which can be taken against individuals (or groups) who abuse NHS staff and professionals, or who steal or inflict damage on its property. These range from criminal prosecutions, Injunction to Prevent Nuisance and Annoyance through to civil injunctions and local sanctions.

Advice, guidance and support on the range of sanctions that are available to deal with offenders can be obtained from the NHS Protects Legal Protection Unit (LPU). Details of how to contact them are available from the NHS Protects website www.nhsbsa.nhs.uk/Protect

8. **TECHNOLOGY**

8.1 Robust risk assessments carried out locally, pre or post incident may highlight the need to introduce technology in order to reduce the risk in lone working situations. It must be noted that technology is not a solution in itself, but should be seen as part of a wider package of measures.

8.2 Lone Working Protection Device

- 8.2.1 Lone worker protection devices will not stop incidents from occurring, nor should they provide the user with a false sense of security, where they may put themselves at further risk, however they are effective when combined with a package of measures to protect lone workers.

The following devices may be available to lone workers, dependant on finding of a risk assessment:

- Blick Minder System (On site lone working situations)
- Identicom System (Off site lone working situations)

Staff must not be issued with a device until they have received appropriate training. General Managers/Line Managers are responsible for ensuring appropriate training is provided. The Trust LSMS is responsible for arranging/providing training on request.

8.3 NHS Lone Worker Service

- 8.3.1 The NHS has a framework agreement, which provides lone worker services. Under this agreement, a supplier will provide services to those NHS organisations that wish to contract them. The service provides:

- Lone Worker Devices
- Training
- Alarm Receiving Centre (ARC)
- Network Services
- Helpdesk Facilities

The Trust is currently under contract with the Lone Worker Service to provide Identicom Devices to record lone worker locations as they go about their work; this is called an **amber alert**. If the lone worker feels their safety may be threatened, they can send a **red alert** to the Alarm Receiving Centre (ARC). The ARC listens to the lone worker's incident and uses technology to confirm their location. It can then notify the emergency services or the escalation point as required to provide an appropriate response. The service also records incidents, to enable them to be used as evidence in court. Lone workers can only use this service if they give prior consent to being located when they activate a red alert.

8.4 Recording and Retention of Incidents

- 8.4.1 Under the NHS Lone Worker Service contract, the recordings of any incident are retained by the service provider on behalf of the Trust for a specified timescale.

8.5 Recording an Incident

- 8.5.1 When the lone worker activates the device, the ARC records the incident. The lone worker is under no obligation to inform the assailant that the device has been activated or that the incident is being recorded.

If an incident is recorded, the supplier will inform the Trust LSMS or the Head of Safety Management. They will listen to the recording and if necessary, take appropriate action to progress criminal, civil or local sanctions. Access to recordings of incidents must only be given to the Police or Trust representative through the defined process.

8.6 Retaining recordings and notifying individuals

- 8.6.1 Amber Alerts will be kept for a maximum of three months, at which point the supplier will securely delete them. Amber alerts relating to a genuine red alert will be retained for 12 months, after which the supplier will securely delete them.

- 8.6.2 Genuine red alerts are retained by the ARC for the police and Trust Security Advisor for use in criminal, civil or local sanctions and are securely retained for 12 months by the supplier, after which the supplier securely deletes them.
- 8.6.3 The Trust LSMS and Head of Safety Management will be provided with access to the recordings for review. They should take all reasonable steps to inform the alleged offender that a recording of the incident exists and how a transcript of the recording can be obtained on request.
- 8.6.4 Where a genuine alarm is activated but closed safely by the lone worker without the police being called, the ARC will retain the recording of the genuine alarm for the police and Trust LSMS or Head of Safety Management to access for 12 months. The Trust LSMS or the Head of Safety Management are to review the recording and take one of the following actions:
- Implement Withholding Treatment and Exclusion from Premises Policy. (e.g. issue a formal warning) .
 - Refer the incident to the police for action and inform that a recording exists.
 - Contact the NHS Legal Protection Unit to progress a private prosecution or civil action and inform them that a recording exists.
 - Where no sanction is to be progressed, a letter shall be sent to the alleged offender informing them of the existence of a recording and how a transcript of the recording can be obtained on request.
- 8.6.5 Where a genuine alarm is activated, closed safely and no formal action is to be taken and the lone worker considers that the alleged offender's health will be adversely effected by the notification of the recording, the Trust LSMS or Head of Safety Management must review the recording and agree with a senior clinician that notification to the alleged offender of the recording is not appropriate for clinical reasons. This should be agreed on a case-by-case basis.
- 8.6.6 False alarm procedures must be followed to close the alarm with the lone worker's agreement and such recording will be destroyed within 24 hours. Where the ARC staff believe that an incident has taken place even though the lone worker has agreed to close the alarm, the ARC should notify the Trust LSMS or Head of Safety Management who will listen to the recording to ascertain if any further action is required including re-categorising the alarm before it is deleted, for example where the lone worker may have closed the alarm under duress.

8.7 **Identicom Device Protocols**

8.7.1 General Managers responsibilities:

- Inform the Trust LSMS or Head of Safety Management of staff who have been issued an Identicom Device.
- Ensure Identicom devices are collected from staff that change job roles or leave the Trust, and is issued to their replacement.
- Monitor management reports to ensure staff are using the devices in the correct manner.
- Ensure staff receive appropriate training before an Identicom device is issued.

Trust LSMS/Head of Safety Management Team responsibilities:

- Liase with the service provider on all issues. e.g. alarm activations, complaints, faults, training.
- To provide directorate managers with monthly management reports, supplied by the service provider.
- Arrange training, through the service provider.

Lone Worker responsibility:

- Attend appropriate training
- Use the device correctly, as instructed to do so.
- Report any change of details to the service providers helpdesk, e.g. name, address, place of work, phone numbers (including mobiles), vehicle details (including make, model, colour and registration number).

- Report any faults or lack of signal coverage to the service providers helpdesk.

8.8 Publicity

8.8.1 The Trust is required to promote through publicity the NHS Lone Worker Service and shall publicise to patients, service users, stakeholders and the public, the use of the lone worker service by NHS staff.

The Trust has placed posters within hospital building and clinics to publicise the use of the lone worker service and sent leaflets to service users and patients to ensure this.

8.9 Practical Suggestions on the Use of Mobile Phones

8.9.1 The following points outline what lone workers need to do when using mobile phones. It must be noted that a mobile phone is as a means of communication rather than a protection device:

- Where provided, a mobile phone should always be kept as fully charged as is possible (or where standard non-rechargeable batteries are used, replaced on a regular basis), at all times.
- The employee should ensure they know how to use the mobile phone properly, through familiarising themselves with the instruction manual.
- A mobile phone should never be relied on as the only means of communication. Lone Workers should always check the signal strength before entering into a situation, where they are alone. If there is no signal, the Lone Worker should contact their manager or colleague ahead of a visit, stating their location and the nature of their visit, along with an estimate of the time they think they will need to spend at the visit. Once that visit is completed they should let their manager or colleague know that they are safe.
- Emergency contacts should be kept on speed dial as this will speed up the process of making a call to raise an alarm.
- The phone should never be left unattended but should be kept close at hand in case an emergency arises.
- The use of a mobile phone could potentially escalate an aggressive situation and the Lone Worker should use it in a sensitive and sensible manner.
- “Code” words or phrases should be agreed and used that will help Lone Workers convey the nature of the threat to their managers or colleagues so that they can provide the appropriate response, such as involving the police.
- The mobile phone could also be a target for thieves, and great care should be taken to be as discreet as possible, whilst remaining aware of compliances and keeping it within reach at all times.
- The mobile phone should never be used whilst driving. It is against the law.
- The Lone Worker should report any incidents where they have been threatened or assaulted.

9. ROLES AND RESPONSIBILITIES

9.1 The Trust has a legal duty to ensure the health, safety and welfare of those employees who work for the organisation including the protection of lone workers. The Director of Allied Clinical & Facilities Services is the nominated director for security management (SMD) and is responsible for leading the work managing the risk associated with staff lone working and has overall responsibility to make this happen.

9.2 Director of Finance

- Is the designated Security Management Director (SMD) and is responsible for ensuring that appropriate security management provisions are made within the Trust to protect lone working staff
- Should ensure that measures to protect lone workers complies with all relevant health and safety legislation and take into account NHS Protect guidance
- Has overall responsibility for the protection of lone workers by gaining assurances that

- polices, procedures and systems to protect lone workers are implemented
- Has responsibility for raising the profile of security management work at board level and getting their support and backing for important security management strategies and initiatives
- Has responsibility for the Safety Management Team and thought continued liaison to ensure the protection of lone workers is being undertaken to the highest standard
- Oversee the effectiveness of risk reporting, assessment and management process for the protection of lone workers. Where there are foreseeable risks, the SMD must gain assurance that all steps have been taken to avoid or control the risks

9.3 **Head of Safety Management Team/ Trust LSMS**

- Ensure the Trust has up to date policies and procedures for the safety of lone workers and in line with line managers ensure that they get disseminated to all relevant lone working staff
- Advise the organisation on systems, processes and procedures to improve personal safety of lone workers
- Advise the trust on appropriate and proportionate physical security, technology and support systems that improves personal safety of lone workers. Ensure that this is appropriate, proportionate and meets the needs of the Trust and lone worker
- Ensures that any technology used to protect lone workers meets legal requirements
- Plays an active part in identifying hazards, assessment and management of the risks. Advises on the proper security provisions needed to mitigate the risk and protect the lone worker
- Assist managers in the investigation of any incidents and where necessary liaise with the police to allow follow up action to be taken
- Assist managers in conducting the two yearly risk assessment and where indicated a review to ensure that appropriate measures are implemented before staff enter a lone working situation

9.4 **General Managers/Line Manager – See Appendix A**

- Must identify all staff who are lone workers, based on recognised definitions, (see section3)
- Ensure that all relevant polices and procedures are disseminated to lone working staff
- Ensure that a proper risk assessment is conducted (in consultation with the relevant personnel) to ensure all risks from lone working are identified and that proper control measures have been introduced to minimise, or mitigate the risks before staff enter a lone working situation. Is the person medically fit and suitable to work alone? Check that solitary workers have no medical conditions that make them unsuitable for working alone. Seek advice from the Occupational Health Department if necessary. Consider both routine work and foreseeable emergencies that may impose additional physical and mental burdens on the individual.
- Ensure that lone workers are provided with sufficient information, training, instruction and supervision before entering a lone worker situation
- Must ensure physical measures are put in place and appropriate technology is made available to ensure the safety of the lone workers
- That staff have received conflict resolution training and appropriate training on any lone working devices before they are issued
- Ensure that all the relevant staff undertake regular reviews of hazards and associated risks to make sure that all measures are effective and continue to meet the requirements of the lone worker
- Assist the Security Adviser in completing a two yearly risk assessment.
- Where an incident has occurred, should make sure that the employee completes an incident reporting form as soon as possible and this get reported to the either the Head of Environmental Compliance or Security Advisor
- Where some one has been assaulted, should ensure that the member of staff is properly debriefed, undergoes a physical assessment, any injuries are documented and they receive access to appropriate post incident support

- Ensure that following an incident, a risk assessment is carried out as soon as possible and immediate control measures are put in place. This is prior to a formalised review of lessons learnt following an incident.

9.5 Lone Working Staff – see also Appendix B

- Have a responsibility to do all they can to ensure their own safety and that of their colleagues. This is in line with current health and safety legislation
- Undertake all relevant training including conflict resolution training and any device specific training
- Seek advise from their line manager in relation to action guidance, procedures and instruction to avoid putting themselves or colleagues at risk
- Must conduct proper planning prior to a visit and utilise continual dynamic risk assessment during visits. Staff should never put themselves or colleagues at risk and if staff feel at risk should withdraw immediately and seek further advice or assistance
- Should properly utilise all appropriate technologies, where provided, ensuring you attend training in the use of the technology and associated support service
- Must report all incidents even where they consider it to be a minor incident, including 'near misses' to enable appropriate follow up action to be taken.

10. TRAINING REQUIREMENTS

10.1 Managers responsible for lone workers and lone workers themselves should have undertaken the following Trust courses:

- Conflict Resolution and Breakaway Training (see risk management training needs analysis in the Risk Management Training Policy Organisational Policies 2.24).
- Corporate Induction Programme (Health and Safety, Security Induction).
- Managing Health & Safety Course (managers only).
- Clinical Holding Skills (only where risk assessment recommends).
- Local procedure training.

11. MONITORING

Policy element	Content to be monitored	Monitoring process
Safety arrangements for lone workers	Risk assessments	Annual report to the Health and Safety Committee (H&SC) by the Head of Safety Management detailing the number of: <ul style="list-style-type: none"> • risk assessments completed for which areas • outstanding risk assessments to be completed • risk assessments where actions are incomplete and the action required Any deficits arising will be monitored by the H&SC until complete and where relevant identified as an organisational security risk.
	Identicom Management Information Reports	Monthly management information reports sent to local managers on Identicom device usage.

		<p>Quarterly reports by the Trust LSMS to the H&SC on device usage statistics.</p> <p>Any deficits arising will be monitored by the H&SMC until complete and where relevant identified as an organisational security risk.</p> <p>Organisational learning will be facilitated through the review of the data and action identified above.</p>
Incident reporting	Incident reports	<p>All reported lone worker related incidents are recorded onto the Datix®. The following reports are to be produced:</p> <ul style="list-style-type: none"> • Quarterly report to the H&SC (to be included as part of the health and safety summary report). • Quarterly lone worker report to the Trust's Health and Safety Committee (to be included as part of the health and safety summary report). • Annual Security Report, currently part of the Annual Health & Safety and Environmental Report. • Special reports relating to significant events. <p>Any action arising from these reports will be monitored by the H&SMC or H&SC until completed and identified in the annual security report.</p>
Roles and responsibilities	Operational responsibilities of management staff and the ECT in completing and monitoring risk assessments and employee compliance with safety arrangements via the Identicom reports	<p>Annual review of risk assessment reports and quarterly Identicom reports by the H&SC. Deficits and Identified actions will be monitored by the committee until complete.</p>

12. KEYWORDS

12.1 Identicom, Lone Working, Security

13. REFERENCES

HSE Guidance Document, Working Alone in Safety, Jan 2005

RCN Guidance Document, Lone Working, Jan 2004.
NHS Counter Fraud and Security Management Service, 2005. Not Alone. A Guide for the better protection of lone workers in the NHS
NHS Counter Fraud and Security Management Service, Developing a policy for the protection of lone workers

14. RELATED POLICIES

- 14.1 Security Policy Security Policies 2.5
- Managing Violence And Aggression Organisational Policy 1.15
- Withhold Treatment and Exclusion From Premises of Violent and Abusive Patients Organisational Policy 2.22
- Incident Report Policy Organisational Policy 2.3
- Supporting Staff Following an Incident Compliant or Claim Organisational Policy 2.21
- Health & Safety Policy, Code of Practice number 7
- Risk Management Training Policy Organisational Policy 2.24

15. EQUALITY IMPACT ASSESSMENT TOOL

- 15.1 Please see Appendix 1

Date ratified: Hospital Leadership Team - September 2016

First issued: May 2002

Version no.: 2.0

Date issued: September 2016

Review date: September 2018

For review by: Local Security management Specialist

Director responsible: Director of Finance

EQUALITY IMPACT SCREENING TOOL Appendix 1

Please complete the following when screening your policy for potential impact on equality groups

1. Name of lead	Ged Holland
2. Directorate/ Department	Safety Management Team, Facilities Services
3. Name of policy	Lone Working Policy
4. Is this a new or existing policy?	Existing Policy
5. Target audience e.g. patients and public; NHS staff; professional health organisations; voluntary organisation; internal staff	Internal staff
6. What are the aims of the policy?	The aims of the policy are to provide general advice to managers who have responsibility for lone workers to enable them to devise safe systems of work.
7. Does any part of this policy have a positive impact on our duty to promote good race relations, eliminate discrimination and promote equality based on a person's age, disability, ethnic origin, gender, religion/belief or sexual orientation? If No, please provide brief reasons.	No – The policy has no effect on our duty to promote equality.
8. Could any part of this policy have an adverse impact on our duty to promote good race relations eliminate discrimination and promote equality based on a person's age, disability, ethnic origin, gender, religion/belief or sexual orientation? If No, please provide brief reasons.	No – the police has no adverse effect on our duty to promote equality.
9. Are there any factors that could lead to differential take-up, outcomes or satisfaction levels based on people's age, disability, ethnic origin, gender, religion/belief or sexual orientation? If No, please provide brief reasons.	No – the policy could not lead to differential take up, outcomes or satisfaction levels.

CHECKLIST FOR MANAGERS OF LONE WORKERS
UNDERTAKING HOME VISITS

Are Your Staff:

1. Trained in appropriate strategies for the prevention of violence?
2. Briefed about local procedures for the area where they work?
3. Given all the information about the potential for aggression and violence in relation to patient/service user from all relevant agencies?
4. Issued with the appropriate safety equipment?

Are They:

6. Aware of the importance of previewing cases?
7. Aware of the importance of leaving an itinerary (community staff)?
8. Aware of the need to keep in contact with colleagues?
9. Aware of how to obtain authorisation for an accompanied visit (community staff)?
10. Aware how to obtain support and advise from management in and outside normal working hours?

Do They:

11. Appreciate their responsibilities for their own safety?
12. Appreciate the requirement for reporting and recording incidents involving aggression and violence?
13. Understand the provisions for staff support by the Trust and the mechanism to access such support?
14. Understand any written information for the task, including contingency measures for foreseeable problems and the employee's duty to follow guidance?
15. Understand the emergency arrangements for illness or injury?

CHECKLIST FOR LONE WORKERS UNDERTAKING HOME VISITS

Have You:

- Had all the relevant training about violence to staff?
- A sound grasp of the local procedures in your work for dealing with (potential) violence?
- Had the initial meeting on Trust premises, if possible?
- Knowledge of the Trust incident reporting procedure?
- A clear idea about the area into which you are going?
- Carefully preview your caseload to identify any potential violence? If there is no record of previous violence have you asked other colleagues who have had dealing with the person concerned.
- Made appointments?
- Left your itinerary and expected departure/arrival times?
- Arranged contact if your return is overdue?
- Thought about location of the home you are visiting? Is it down a country lane or the top of a tower block? Is it well lit?

Do You Carry:

- A mobile phone/personal alarm? Is it to hand? Does it work?
- A briefcase/bag, wear an outer uniform or car stickers that suggest that you have drugs or money with you? Is it wise where you are going?
- Telephone numbers to summon help in an emergency/incident?

Can You:

- Be certain your attitudes, body language etc, will not cause offence?
- Defuse potential problems if they arise?

If you are in any doubt regarding any of the above you should contact your line manager for further advice, information or training **before** undertaking home visits.

SAMPLE MODEL RISK ASSESSMENT STANDARDS

Hazard	Control Measures
Lone Working (Off Site)	<ol style="list-style-type: none"> 1. Local protocols available 2. Regular communication with buddy or staff base 3. Communication device (mobile phones) 4. Personal Alarms 5. Signing in-out books or itinerary left at staff base 6. Patients pre-assessed in clinic before home visits made 7. Two staff attend where appropriate 8. Trust policy on lone working
Lone Working (On site)	<ol style="list-style-type: none"> 1. Log in-out with security 2. Local protocols available 3. Use of lone worker alert system/personal alarm 4. Physical environment 5. Security escorts 6. Adequate locking/access control arrangements 7. Trust Security Policy
Violence/ Security	<ol style="list-style-type: none"> 1. Risk assessment 2. Security service available 3. Training and education 4. CCTV 5. All incident of a violent and aggressive nature are reported in line with the Trusts policy. 6. Restricting access/locking arrangements 7. Physical layout 8. Emergency telephone to security 7777